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Registry Reports

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VIEW YOUR CME TRANSCRIPT ONLINE!

Registrants can now check the status of their ARDMS continuing medical education (CME) records, and print them right from their own computers!

ARDMS is among the first healthcare organizations to offer this exciting option. The instructions for viewing CME transcripts online are simple:

- 1) Go to the www.ardms.org;
- 2) Click on the Registrants"; then
- 3) Go to the link, "View Your CME Transcript Online."

In order to view your CME transcript online, we recommend having Internet Explorer 5.0, or Netscape Navigator 6.0, or higher. Systems with lower browser versions will have problems viewing the CME transcripts.

You may need to download the most recent version of Internet Explorer at: <http://www.microsoft.com/windows/ie/default.asp>, or Netscape Navigator at: <http://www.netscape.com/download/>.

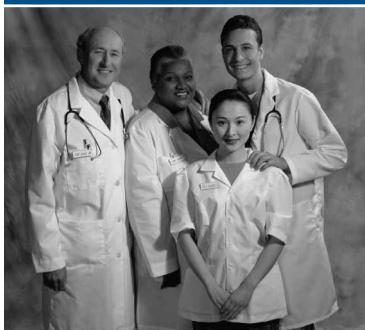
Use this new service to find out if you are up-to-date in submission of CME credits to meet the ARDMS requirement of 30 credits in a three-year-cycle. As an integral element in ARDMS' mission "to promote quality care and patient safety," all ARDMS registrants are required to maintain their competency after obtaining their initial certification. They must accumulate 30 acceptable CMEs every 3 years. CMEs are awarded by attending professional meetings, but they are also increasingly available online, from professional societies (see Page 7 for a compilation of Websites that offer CMEs via the Internet).

"We are very excited to be able to offer our registrants this new service," commented ARDMS Chair Kari E. Boyce, Ph.D., RDMS, RDCS. "ARDMS' reputation for putting cutting-edge technology to work on behalf of its registrants to further ensure public safety is enhanced by this time-saving and convenient innovation."

If you find any discrepancies in your transcript, or have any questions, please call (800) 541-9754 for personal assistance, or e-mail questions@ardms.org.

"Wow! That was great! I had just faxed the ARDMS some new CMEs on Monday and I was wondering if they had updated my transcript yet—and they had. What a wonderful service. Thanks for the info—I sent it out to all the Air Force sonographers."

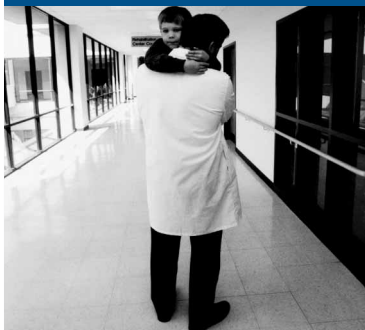
—MSgt. Cheryl Vance, MA, RT, RDMS, Program Director, USAF Diagnostic Ultrasound Course



Professional Excellence



Quality Care



Patient Safety



Worldwide Reach

LETTER FROM THE CHAIR

Kari E. Boyce, PhD, RDMS, RDCS



As many of you may already know, ARDMS has recently embarked on a major new venture: the Breast Ultrasound Foundation. As ARDMS Board Liaison to the Foundation, it is my role to keep you informed regarding important new programs and initiatives.

You may be wondering why the Registry chose to invest its time and resources in this new Foundation. The mission statement for the new Foundation provides one answer: "To increase public and professional awareness of the role of quality ultrasound in the detection and management of breast cancer and in women's health."

In fact, the Foundation represents one of the few win-win instances in life. Its initial program, to spread the word that ultrasound can be a significant supplement to mammography— as long as the sonographers who perform it are competent (as demonstrated, for example, by ARDMS certification)—promotes the public-health message about the value of breast ultrasound, the profession of sonography, and ARDMS certification. In addition, the Foundation will play a major role in increasing the visibility of and appreciation for the sonographer's role in the diagnostic process.

The Foundation has been very deliberate in determining how to approach such an ambitious mission. They determined that the first step in making quality breast ultrasound available to all women is to achieve a sufficient number of sonography professionals who are ARDMS-certified in breast ultrasound, throughout the U.S. and Canada. One sound strategy to make rapid progress toward this goal is to identify educational practices and implementation strategies to ensure appropriate healthcare professionals learn to perform quality breast sonography. This is critical to the cost-effective application of breast sonography, as numerous research studies have demonstrated that breast ultrasound is highly operator dependent (no surprise to us)! Insufficient preparation to perform this specialty exam is likely to yield sub-optimal clinical data, false-negatives being a particular problem.

Several months ago, the Foundation successfully applied to the Susan G. Komen Breast Cancer Foundation for a grant to fund a conference. This conference will focus on devising models for breast-ultrasound education. This conference, tentatively scheduled for October 13, 2002, will bring together representatives from a broad spectrum of ultrasound, radiology, and educational organizations. The end product will be a formal report that includes specific recommendations for best practices in the design, delivery, and assessment of the clinical and didactic components of a curriculum for breast sonography. Implementation of the recommended curriculum should have a positive impact on the number of qualified breast sonographers.

This initiative, along with others still on the drawing board, are under the watchful eyes of a singularly impressive Foundation Board of Directors. They include two former presidents of the American Institute of Ultrasound in Medicine, a former president of the American Cancer Society, a well-known breast sonologist, a preeminent breast sonographer, who also serves on the ARDMS Breast Specialty Exam Development Task Force, a breast-cancer survivor who is also a widely-read healthcare educator and writer, a government specialist and a consumer marketing expert.

The Foundation is working diligently to provide the critical impetus to achieve the goal of ensuring access for all women to quality breast ultrasound and in particular to exams performed by ARDMS-certified breast sonographers. I hope that you will share with me the sense of excitement and pride for our fledgling Breast Ultrasound Foundation. Its potential is immense, and it has already seen major achievements. Watch this column for more news about the Foundation; I'll be sure to keep you posted about its important new initiatives and programs.

E-mail: kboyce@ardms.org



NEWS BRIEFS

▼ JCAHO alerts facilities to ventilator-related deaths

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has issued a Sentinel Event Alert on preventing ventilator-related deaths and injuries. JCAHO said it has reviewed 23 reports of deaths or injuries related to long-term ventilation as of January 2002. Sixty-five percent of those cases were attributed to the malfunction or misuse of an alarm or an inadequate alarm; 52 percent were the result of disconnected tubing; and 26 percent were related to a dislodged airway tube. The percentages indicate that multiple failures are frequently the cause of ventilator deaths and injuries, JCAHO said. Among other things, JCAHO recommends that health-care organizations review orientation and training programs for job-specific, ventilator-related content and ensure that alarms are sufficiently audible. The Sentinel Event Alert is available at: http://www.jcaho.org/edu_pub/sealert/sea25.html. (AHA, February 27, 2002)

▼ Average birth rate per woman at highest level in decades

The U.S. is seeing more children born per woman than at any time in nearly 30 years, according to statistics released by the Centers for Disease Control and Prevention (CDC). The average number of children born to women over a lifetime in 2000 was 2.1, CDC said. During most of the 1970s and 1980s, women gave birth to fewer than two children. The CDC also said that births among teens continued to decline. In 2000, the birthrate for teens was 48.5 births per 1,000 females aged 15-19. That's a 22 percent decline from a record high of 62.1 in 1991. The report, "Births: Final Data for 2000," is available on the CDC Website at <http://www.cdc.gov/nchs>. (AHA, February 12, 2002)

▼ Radiologic technologists say staff shortages affect safety

Seven in 10 radiologic technologists (RTs) believe staffing shortages are compromising their safety, according to a workplace safety survey released by the American Society of Radiologic Technologists (ASRT). About 2,900 RTs employed in various settings responded to the ASRT survey, which asked them about safety practices at their facility and perceived connections between worker safety, patient safety and personnel shortages. On average, 70 percent of RTs believed personnel shortages have compromised their occupational safety, 80 percent of RTs in hospitals. Nine in 10 RTs believed worker safety affects patient care and safety. ASRT President Allen Terrell urged employers to "do everything within their power" to ensure the workplace is a safe environment. For the full report, go to the ASRT Website at: <http://www.asrt.org>. (AHA, February 28, 2002) ❖

OSHA UNVEILS NEW PLAN TO REDUCE ERGONOMIC INJURIES IN WORKPLACE

The Occupational Safety and Health Administration (OSHA) released a new four-tiered ergonomics plan designed to reduce workplace-related musculoskeletal injuries. The highly anticipated plan follows months of public forums and has been formulated to replace last year's Clinton administration plan that was derided as a "one size fits all" approach.

President Bush on March 20, 2001, repealed that plan when he signed a Joint Resolution of Disapproval. The new plan features industry-specific guidelines, coordinated enforcement procedures, workplace outreach efforts, and a national advisory committee to counsel OSHA on research gaps. OSHA Administrator John Henshaw said at a press briefing in Washington that the agency will begin targeting selected, "high hazard," industries within the year. He referred to the recently settled nursing home case against Beverly Enterprises as having provided OSHA with vital experience and a key starting point. For more information, visit OSHA's Website at: <http://www.osha.gov/media/oshnews/apr02/national-20020405.htm>. ❖



ARDMS CANDIDATES MUST BECOME CREDENTIALLED WITHIN 5 YEARS OF SEEKING ARDMS CERTIFICATION

- From January 1, 1998 onward, ARDMS policy has stipulated that candidates must complete both the physics and the specialty area examination components within five years (irrespective of the sequence in which the examinations are taken).
- Candidates who do not complete the examinations required for their credential within a five-year time limit must retake the examination(s) previously passed.
- Candidates who passed one or more examinations prior to January 1, 1998, must pass the corresponding examination by December 31, 2003, to earn a credential.
- It is not necessary to take both examinations required to earn a credential on the same day, however, a credential will not be awarded until both examinations have been successfully completed.
- This policy does not apply to registrants seeking additional specialty certifications under the rubric of the same credential (RDMS, RDCS, RVT).

NOTE: ARDMS discourages the general use of the term "Registry-eligible" to refer to someone who has applied and is currently awaiting examination. The proper designation is "applicant" or "candidate." The term "Registry-eligible" is not recognized and is not used by ARDMS. ❖

REGISTRANT SPOTLIGHT

Patricia A. Dubovec RN, RVT, RDCS, and
Monique R. Dubovec, Tsouklaris, AS, RDCS



In this issue, we interviewed mother and daughter sonographers Patricia A. Dubovec, RN, RVT, RDCS (AE, PE), and Monique R. Dubovec Tsouklaris AS, CVT, CPT, RDCS (AE). Patricia (the mother) is a Cardiovascular Technician at Suncoast Imaging of

Port Orange (Outpatient Diagnostic Center) in Port Orange, Florida. Monique is a Cardiovascular Technician at Halifax Medical Center in Daytona Beach, Florida.

What inspired you to get involved in sonography?

PATRICIA: After high school, I attended and graduated from St. Joseph Hospital School of Nursing in Memphis, Tennessee. I worked in several states as a Registered Nurse. I always felt when nursing got to be a job, I would get out of the field. In 1979, I was introduced to vascular ultrasound while employed by a vascular surgeon. I was immediately attracted to the technology and developed my talents in this area very quickly. I became interested in ultrasound techniques under the tutelage of several vascular laboratories around the country. I also attended limited seminar to further my education. After much effort I finally acquired level of expertise on some of the earliest equipment, such as the Hokansons Imager, Zira OPG, and Medaonics bidirectional Doppler. For 22 years, as technology advanced, I continued my research and expanded my skills to keep current with new methods and equipment.

MONIQUE: When I was in sixth grade my mom used to take me to work with her. She showed me this big machine with lots of knobs and a video player, I thought it was neat that she was doing the equivalent of what I thought then was a Pac Man video game. It was intriguing and complex and it peaked my interest because it was more challenging than the most

sophisticated video games that I was accustomed to playing. I have been around ultrasound for 16 years, which included science fair projects on sound resonance using, rubber bands, and eventually working up to studies on hypertension, smoking and the effects on the various categories for stroke and heart disease. I won many awards in the local and regional science fair. After high school, I continued my education by obtaining an Associate of Science degree from Santa Fe Community College in Gainesville, Florida, as well as, learning from learning from my mom. I have been a paid professional for 8 years.

What is/are your specialty(ies)?

PATRICIA: Vascular ultrasound (carotid, venous, segmental limb pressures), and echocardiograms (adult/pediatric). In my quest to learn and study for my Registry in pediatric echocardiograms, I co-authored the book, *The Pediatric Echocardiographer's Pocket Reference 2nd Edition*. I did transesophageal echocardiograms when I worked at Daytona Medical Center, but they are not performed at the outpatient imaging center where I am currently employed.

MONIQUE: Vascular ultrasound (carotid, segmental limb pressures), echocardiograms (adult/pediatric), and transesophageal echocardiograms. I am cross trained in cardiac catheterization and special procedures.

How does your work affect your patients?

PATRICIA: The majority of my patients are older, and I try to create an atmosphere that is soothing and calming for the patient. To do this, I play light classical music on a CD player in my exam room. I am very thorough and believe in going the extra mile to perform the best study possible. As a result, the quality of my work shows in the diagnostic outcomes. My findings play a major role in helping to save lives as well as limbs of my patients.

MONIQUE: Hopefully, I give patients a better quality of life by showing that I care about them a person rather than just another study. Sometimes in the hospital environment, the patients needs are overlooked. My mom taught me that I can make a difference, and it touches my heart to know this.

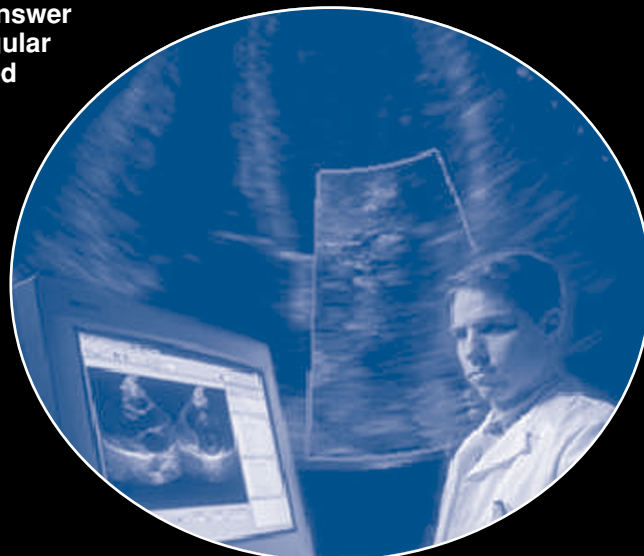
Continued on Page 6

ULTRASOUNDJOBS.COM INTRODUCES NEW REGIONAL FOCUS: NEW ENGLAND AND MID-ATLANTIC STATES FEATURED IN JUNE

Have you ever thought about relocating to another part of the United States, but didn't know where to start? Wondered about the schools, cost of housing, crime index, and recreational activities? Or have you been curious about what employers in your own state can offer you?

Ultrasoundjobs.com Regional Focus was created to help answer those questions. Every three months, in addition to the regular postings found on the Website, a different part of the United States will be featured as a Regional Focus. The Regional Focus will be online for the entire month. The following states are included in the New England/Mid-Atlantic Region and will kick off the service on June 1, 2002:

- Connecticut
- Delaware
- District of Columbia
- Maine
- Maryland
- Massachusetts
- New Hampshire
- New Jersey
- New York
- Pennsylvania
- Rhode Island
- Vermont
- Virginia



Each State within a region will have its own page that is full of resources and jobs for current residents, or sonographers and vascular technologists who are interested in moving to the state. There will be links to newspapers around the state, chambers of commerce, visitors bureaus, relocation information, etc. In fact, it is our goal to have anything you would need to know about living in that state, or moving to that state, listed on the State Resource page.

Of course, in addition to state resources, we expect to have a large number of job openings. Every job that we have listed in the region will be included on its appropriate State Resource page. Employers know that sonographers and vascular technologists, who are interested in this particular area, will be looking at those state pages for more information. We are encouraging them to "pull out all the stops" when providing their job details. If you have ever thought about moving to this region, or are currently employed in any of the states in the region, you owe it to yourself to check out these pages.

Will the month of June be restricted to positions in the Northeast/Mid-Atlantic Region? Absolutely not! Ultrasoundjobs.com will continue to post jobs from all over the United States, Canada, and other parts of the world. All jobs, even those in the Regional Focus, can still be found through our Job Search menu. However, all jobs from each state in the region will also be included on the State Resource page for easy reference.

How do I find the Regional Focus?

When you log into ultrasoundjobs.com on June 1, 2002, you will see a banner on the home page advertising the Regional Focus. Clicking on the banner brings you to an introductory page that lists all the states in the Regional Focus. Clicking on individual states, brings you to that State Resource page which lists the resources above, and all the current advertisers for that state.

How does my employer advertise?

The statistics from ultrasoundjobs.com indicate that it is a great way to reach sonographers and vascular technologists at any time. To advertise with ultrasoundjobs.com, contact Lisa Darr at (410) 628-5820, or e-mail ultrasoundjobs@networkpub.com. ❖

REGISTRANT SPOTLIGHT

(Continued, from Page 4)

Describe a typical workday.

PATRICIA: I work for a group of radiologists in a beautiful new, outpatient imaging center. I present all vascular studies to the radiologists. Stat or significant results are faxed to the attending physicians. Since we are an accredited vascular laboratory, all of my studies are very thorough. Echocardiograms are put on video cassette tapes and viewed by a cardiologist.

MONIQUE: I typically perform studies on 8 to 10 patients a day. I try to spend a much time reassuring them and answering their questions. I also spend a lot of time faxing reports and following up on my studies thru clinical correlation.

What is the most interesting case you worked on, and what was the result?

PATRICIA: There are quite a few interesting cases I can recall from my 22 years in the field. However, the most memorable case was when I discovered a ventricular septal defect after the patient had a myocardial infarction. I found it amazing that the defect could be viewed by ultrasound. This was prior to color flow imaging and Doppler.

MONIQUE: When I was on call I did an arterial Doppler on a patient who had an acute blockage in his leg. Since I was cross trained in special procedures, I helped the cath team doing a urokinase study on this patient. I remained with the patient helping to monitor his progress. As a result of our efforts the medical team was able to save his leg. I remain in touch with the patient and his wife, and [I] have developed a personal friendship [with them].

How do you use your skills in your work?

PATRICIA: I am a perfectionist. I draw from my knowledge of and anatomy and scanning techniques to obtain optimal studies.

MONIQUE: By using my natural abilities, supplemented by input from cardiovascular doctors and my mother, I feel that I am constantly learning and improving my studies. I believe that no one has achieved perfection and we all must be willing to utilize all of our resources available on a daily basis.

What do you find most challenging?

PATRICIA: Our patients are elderly and do not like to be rushed. It is usually quite a challenge to ensure the patients comfort, get a good quality study, and at the same time, stay on schedule.

MONIQUE: There is a challenge in everything this job requires—from communication skills—to the actual scanning.

What do you find most rewarding?

PATRICIA: The fact that I helped my daughter get into the ultrasound field. We have both enjoyed being in a field so important in the diagnosis of cardiovascular diseases. The 6 years (1993 to 1999) that Monique and I worked together in the hospital setting instilled a bond that transcends the conventional boundaries of mother/daughter relationship. Monique is my pupil, teacher, co-worker, and above all, my daughter and best friend. Our common interest in the field, combined with our enthusiasm, has helped to create a dynamic team forged from love and a strong mutual respect. I find it very rewarding to share and learn from each other on a regular basis.

MONIQUE: I love learning and in particular appreciate the doctors input so I can improve my studies. I love being able to share my work with my mom. I feel I have a unique relationship with the one person who truly understands my passion. My mom taught me how to tie my shoes, become a better person, and how to scan. She continues to help me improve my skills through her input. ❖



“Monique is my pupil, teacher, co-worker, and above all, my daughter and best friend. Our common interest in the field, combined with our enthusiasm, has helped to create a dynamic team forged from love and a strong mutual respect.”

—Patricia A. Dubovec, RN, RVT, RDCS

CONTINUING MEDICAL EDUCATION VIA THE WEB

FREE CMEs

- ACUSON: <http://www.Acuson.com>
- ASE (members): <http://www.aseuniversity.org>
- BIOSOUND: <http://www.biosound.com>
- GE: <http://gemedicalsystems.com/rad/us/education/msucme.html>
- PHILIPS ULTRASOUND:
<http://www4.medical.philips.com/education/education.asp>
- SDMS (members): <http://www.sdms.org>

CMEs FOR A FEE

- ASE (non-members): <http://www.aseuniversity.org>
- ECHO WEB: <http://www.echo-web.com>
- EYETEC NET: <http://www.eyetec.net>
- JACKSON: <http://www.jackson.cc.mi.us>
- MEDED INTERACTIVE: <http://www.mededinteractive.com>
- PHILIPS ULTRASOUND (formally ATL ULTRASOUND):
<http://www.learn.phcna.com/phcna>
- QUANTUM OPTICAL: <http://www.quantumoptical.com>
- SOLA: <http://www.sola.com>
- SOCIETY OF VASCULAR TECHNOLOGY: <http://www.svt.net.org>
- SDMS (members/non-members)
<http://www.sdms.org>
- SONOCREDITS: <http://www.sonocredits.com>

This list is a compilation of some Websites that offer CMEs; however, ARDMS does not review or endorse these sources of information.



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Registry Reports

Kari E. Boyce, PhD, RDMS, RDCS
Chair, ARDMS Board of Directors

Dale R. Cyr, MBA, RDMS, RDCS
Executive Director

Dana Murphy
Director, Communications
& Marketing

Karla M. Smith
Publications Design Specialist

Registry Reports welcomes submissions from the field. Send inquiries to: Karla Smith, Editor, *Registry Reports*.
Fax: (301) 517-8511
E-mail: soundoff@ardms.org

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600 JEFFERSON PLAZA • SUITE 360
ROCKVILLE, MARYLAND • 20852-1150

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CME CALENDAR

www.ardms.org

This calendar of ultrasound meetings and review courses may help you find places to earn CME credits. ARDMS publishes meeting notices as an information source only. Registrants seeking CME credits should ensure in advance that ARDMS accepts the sponsor of a particular activity. Meetings are listed based on space availability. If you wish to have your meeting or school listed, fax your information to Editor, *Registry Reports*, at (301) 517-8511, or e-mail your CME schedule to soundoff@ardms.org.

May 2002

13-17 Keith Mauney & Associates Ultrasound Training Institutes, Inc. Present: Hands on Cardiac Two-Dimensional/M-Mode Imaging—Courses offered in three locations: Dallas, TX; Orlando, FL; or Anaheim, CA. Call Tara Campbell toll-free in the USA at: (800) 845-3484, or call (972) 355-5322. Visit www.kmultrasound.com for more course information.

June 2002

1 Mount Sinai Hospital and the Department of Obstetrics & Gynecology, Maternal-Fetal Medicine Division University of Toronto Present: A Day's Doppler: Theory and Practical Applications of Doppler Ultrasound in Obstetrics—The Hospital for Sick Children Auditorium, Toronto, Ontario. For course info, call: (416) 586-4700, or e-mail: doppler@mtsinai.on.ca.

9-12 ASE 13th Annual Scientific Sessions—Walt Disney World Dolphin Hotel, Orlando, FL. Contact: American Society of Echocardiography (ASE) (919)787-5181; Fax: (919)787-4916; Website: www.asecho.org

20-23 Stanford Radiology Presents the 4th Annual International Symposium on Multidetector Row CT—Hyatt Regency San Francisco in Embarcadero Center, San Francisco, CA. Contact Kathy Marsh at (650) 723-8199, or e-mail: kmarsh@stanford.edu. Website: <http://radiologycme.stanford.edu>.

The following organizations and companies offer CME courses too numerous to list here. Please contact them for further information.

- Burwin Institute, U.S. and Canada
(800) 322-0737
Website: www.burwin.com
- Gulfcoast Ultrasound Institute, Inc., St. Pete Beach, FL
(800) 619-1900 or (727) 363-4500
Website: www.gcus.com
- ESP Ultrasound
Sidney K. Edelman, Ph.D.
(281) 292-9400
Website: www.esp-inc.com
- MedEd Interactive, nationwide
(888) 639-0817
Website: www.mededinteractive.com
- Jefferson Ultrasound Institute, Philadelphia, PA
(888) 390-5051 or (215) 955-8533
Website: <http://jeffline.tju.edu/ultrasound>
- Institute for Advanced Medical Education
Shannon Stapleton
14 Elm Place, Rye, NY 10580
(914) 921-5700; e-mail: info@iame.com
Website: <http://www.iame.com>